

**Parent Request for Student Prescription Medication Administration**  
**Hanover High School**

41 Lebanon St., Hanover, N.H. 03755

Health Office 603-643-3431 ext: 2125 Fax: 603-643-0661

Prescription medication may be administered by the school nurse or by a professional designate directed by the principal or school nurse. The medication should be brought to the health office in the original container labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medicine, one for home and one for school. **The physician's order for the prescription must be provided, as well,** by snail mail, email attachment, or fax.

Please pick up any medication remaining at the end of the school year.

Physician/Prescriber Name: \_\_\_\_\_ Date prescribed: \_\_\_\_\_

Physician Contact Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication prescribed: \_\_\_\_\_

Dose and Route: \_\_\_\_\_

Frequency and Time: \_\_\_\_\_

**Parent Permission:** The school nurse, or health care designee, is authorized to administer the above medication.

Parent Printed Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

List any other medications your child is taking: \_\_\_\_\_

Persons to be notified in case of emergency: \_\_\_\_\_

Phone Numbers of emergency persons: \_\_\_\_\_